

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030824

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 544

Registrar's No. 2205

FILED JUL 22 1963

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Kirkwood, Missouri

Length of stay in 1b

D.O.A.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION St. Joseph's Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY St. Louis

c. CITY OR TOWN Webster Groves

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

346 Linum Lane

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED A/K/A First Flora B. Meyer Middle Last

Flora Christine Meyer

4. DATE OF DEATH Month Day Year

July 9, 1963

5. SEX

F

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-27-11

9. AGE (last birthday)

51

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (City and state or country)

Cincinnati, Ohio

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Adnrew Boehnlein

13b. MOTHER'S MAIDEN NAME

Barbara (Unknown)

14. NAME OF HUSBAND OR WIFE

Alfred F. Meyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mr. Alfred F. Meyer 346 Linum Lane

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Rheumatic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

30 YRS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1960 to death and last saw her alive on April 10, 1963. Death occurred at 9:15 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

7730 E Watson Rd.

22c. DATE SIGNED

7-10-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal - air

23b. DATE

7-11-63

23c. NAME OF CEMETERY OR CREMATORY

Spring Grove Cemetery

23d. LOCATION (City, town, or county)

Cincinnati, Ohio

(State)

24. FUNERAL DIRECTOR

HOFFMEISTER COLONIAL MORTUARY

ADDRESS

SAW

25. DATE RECD. BY LOCAL REG.

7-10-63

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

6464 Chippewa

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1 4003

2 4007

3

4 1

5 1

6

7 1

8 2

9 416X

10

11

12 92-0

13

Dr. Edw. Flynn
9730 Watson
VI. 3-7000

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Linus E. Hoffmeister

Licensed Embalmer No.

3871

P. O. Address

7814 S. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

used after 10:30